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ABSTRACT

There is no aspect of human experience or human socialization more important than cooperation with others. The person's ability to engage in sustained cooperative endeavors depends upon a series of competencies. Successful cooperation depends upon the person having an integrated and coherent identity, directionality, a clear preception of interdependence, trust, and ability to accept the perspective of others. Persons who are not socialized into these competencies are likely to engage in abusive drug use patterns and to be unable to solve interpersonal problems. Drug abuse prevention and treatment programs need a model such as the one presented here to coordinate the development, implementation, and evaluation of programs aimed at increasing the quality of interpersonal relationships in a participant's life. (Author/PC)

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COOPERATIVE COMPETENCIES AND THE PREVENTION AND TREATMENT OF DRUG ABUSE

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Causes Of Dysfunctional Behavior

The lack of meaningful, cooperative relationships is the source of almost all dysfunctional behavior, whether it is drug abuse, crime, or psychological illness. Most feelings are caused by other people. It is through their interpersonal relationships that people become anxious, depressed, happy, sad, nervous, relaxed, lonely, accepted, cheerful, and angry. Negative feelings are often signals that problems exist in a person's important relationships which need to be solved. Yet there is a growing myth in our society that unpleasant feelings are an illness which is cured by the use of drugs. Conservative estimates indicate that over 60% of the patients that general practitioners see have no definable physical illness; they complain of anxiety, depression, nervousness, loneliness, and dissatisfaction with their life. The myth is that each one of these feelings states is an illness "cured" by the use of drugs. Thus drug use often begins with, and drug abuse often rests upon, an attempt to change one's affective state from unpleasant to pleasant. The unpleasant feelings are based upon the failure to relate effectively with other people, and the person who chooses to use drugs in an abusive way is seeking a solution to problems based in his relationships with other people. An important aspect of such a decision is that the choice

to take drugs is a nonsocial choice while any solution involving relating differently to people is a social choice. A nonsocial choice means that the effect of one's actions will come regardless of what other people do. A social choice means that the effect of one's actions depends upon the response of other people. Thus if a person is anxious and takes a drug which induces an affective state incompatible with the anxiety, the drug will have an effect no matter what other people do; if the person decides to confront the persons causing the anxiety and try to negotiate a new relationship (thus changing the situation so that the source of anxiety is removed) the success of his actions depends upon the response of the other persons to his confrontation. The nonsocial choice to use drugs has immediate but short-lived effects, leaving the basic interpersonal problem unsolved. The social choice may increase one's anxiety temporarily, but lead to an improved relationship in which the anxiety is less likely to be caused in the future.

The abuse of drugs to avoid negative feelings does not mean that every decision to use a drug is an attempt to escape problems with other people. There is ample evidence from federal commissions in both the United States and Canada that some usage of drugs is compatible with a basically healthy current life adjustment pattern and an apparently favorable prognosis for future life adjustment. Yet along with the exploratory, causal, social, and transient use of drugs which do not develop into patterns of abuse, there are significant numbers of persons who make decisions concerning drug use which are destructive to themselves and to

society. Factors commonly found correlating positively with such drug abuse are family instability, transient values, selfish and self-serving goals and values, lack of self-control, lack of self-confidence and social skills, lack of social interests and stable peer relationships, inability to accept one's emotions or deal with one's inner experiences, and so forth (Barzun, 1973; Blum, 1968, 1972; Braught & Berry, 1973; Brehm & Back, 1968; Brown, 1966; Cornacchia, Bentel, & Smith, 1973; Jones, 1971; Pittell, 1971a, 1971b; Pittell, Bryla, & Hofer, 1971; Project Community, 1972; Robbins, Robbins, & Stern, 1970; Rosenberg, 1969; Scherer, Ettenger, & Mudrick, 1972). Thus there is evidence that a lack of the basic competencies needed to form and maintain cooperative relationships with other persons is related to abusive patterns of drug use.

Prevention And Treatment Of Drug Abuse

There are throughout the country a number of programs aimed at preventing and treating drug abuse by increasing participants' abilities to build and maintain relationships with other persons. Recognizing the interpersonal cause of most negative feelings these programs are based on the assumption that the prevention of future drug abuse rests upon developing psychologically healthy and socially effective persons, who will be able to make responsible and rational decisions about drug use. But there is a noticable lack of any integrating theory underlying these programs and their advocates have not presented any convincing data as to the effectiveness of their programs. A basic theory of social effectiveness is needed to coordinate the development, implementation, and evaluation of prevention and treatment programs aimed at increasing the interpersonal competencies of participants. The purpose

of this paper is to outline the beginnings of the development of such a theory. The basic assumptions underlying the author's approach are:

1. One of the major causes of drug abuse is an attempt to reduce anxiety and other negative affective states produced by failures to interact effectively with other people.
2. Such failures are caused by the absence of the social competencies needed to form and maintain cooperative relationships with other persons.
3. Such competencies are learned and can be taught and the large scale failure of persons to learn the competencies is symptomatic of a breakdown in socialization resulting from the deterioration of the family and community in our society.
4. The basic nature of humans as a species and of social systems such as families, communities, and our society is cooperative and, therefore, the competencies most needed by a person are those which allow him to build and maintain cooperative relationships.
5. The quality of a person's life is based upon his ability to cooperate with other people.

Cooperation, Human Nature, And The Quality Of Life

All human social systems and all interpersonal relationships exist on a foundation of cooperation. Cooperation can be defined as the coordinated, interdependent effort to accomplish mutually desired goals. A series of noted scientists have taken the position that cooperative interaction is a biological, ecological, anthropological, economical, sociological, and

psychological necessity for humans (Asch, 1952; Bruner, 1966; Deutsch, 1962; Farbe, 1963; Horowitz, 1968; Johnson, 1973; Mead, 1934; Montagu, 1966; Nisbet, 1968; Von Mises, 1949; Went, 1963). Thus in the fields of biology, ecology, anthropology, economics, sociology, and psychology it is posited that there is a deep human need to respond to others and to operate jointly with them towards achieving mutual goals. Human society and biology are constructed so that this has always been absolutely necessary for the survival of every individual member of our species. Without cooperation among persons no social systems such as families, groups, organizations, communities, or societies could exist. Without high levels of cooperation there would be no communication, no conception of new persons, no child care, no socialization, no exchange of products and services, no development of the norms and laws to regulate interaction, and so forth. There is no aspect of human experience more important than cooperation with others and the recognition of this fact helps focus efforts toward productive socialization.

A person's quality of life in the sense of material wellbeing, standard of living, self-actualization, happiness, and personal fulfillment depends upon his contributing to the ongoing effectiveness of the social systems of which he is a member and upon building and maintaining high quality relationships with other people. These two processes are highly related. Social systems function as persons interact and it is through interpersonal interaction that a person is humanized and experiences the most distinctive aspects of being alive, such as joy, fun, excitement, caring, love, friendship, and nurturance. Most of a person's happiness and fulfillment is experienced within, and as a result of, his interpersonal

relationships with members of his family, school, career and leisure organizations, community, and society. Most interpersonal relationships are part of the ongoing life of the social systems of which the person is a member. The desired end product of socialization is the development of a productive person who will contribute to the ongoing effectiveness of his social systems and to the ongoing quality of life of all members of his social systems. Since the basis of all social systems is cooperative interaction among persons, the success of a social system and the quality of life of its members depends upon the ability of persons to build and maintain cooperative relationships with each other.

Trends In Socialization

The view taken in this paper is that all socially dysfunctional behavior has its roots in the person's past and present interpersonal relationships and is the consequence of disordered relationships. Family and peer group instability along with a variety of personal social deficiencies are viewed as the major contributors to drug abuse. These disordered relationships result from deficiencies in socialization. The basic interpersonal competencies needed to form and maintain cooperative relationships are not taught and the failure to have the needed attitudes and skills promotes further disorder in the person's life. Thus when in a situation in which they can choose between the use of drugs and improving their relationships to solve their problems many persons do not believe that they can improve their relationships and, therefore, turn to drugs as the more feasible alternative. Such persons have not been socialized successfully into the competencies necessary to form and maintain cooperative relationships

Traditionally, the responsibility for the socialization of persons has been in the family. The family has been regarded as the central agent controlling the person's personal and social growth. Profound changes, however, in our society are rapidly transforming the family and the direction of change is towards increasing disorganization. The power of family life as an agent of socialization is diminishing. An increase in alienation in young people is resulting which is reflected in their growing feelings of uninterest, disconnectedness, and even hostility toward the people and activities in their environment. Based upon the documentation of Bronfenbrenner (1974) and others the following conclusions can be made:

1. The structure of the family is changing radically so that interaction between children and parenting adults is decreasing rapidly.
2. Developments of recent decades isolate children not only from parents but also from people in general.
3. Children are being isolated from the world of work and many children have only a vague notion of their parent's job and have had little or no opportunity to observe an adult fully engaged in his work.
4. Over the past three decades literally thousands of investigations have been conducted which point to family disorganization as a major developmental antecedent to behavior disorders and social pathology.
5. The rates of youthful drug abuse, runaways, school dropouts, suicide, delinquency, vandalism, and violence are all rising dramatically.

The decline of the family as a socializing agency focuses attention upon the degree to which schools are successful in socializing children. Traditionally, schools have been considered to have a legitimate responsibility only for the child's cognitive growth. Yet the demise of the family, the increased time students spend in school, the use of education as certification for job opportunities, and other similar forces have resulted in the school becoming a major arena for socialization. When a person finishes school he hopefully is a knowledgeable, skilled, healthy member of society who will enter an economic organization, family, community, and so forth with the competencies needed to contribute to their effectiveness. Knowledge and skills are of no use if the person cannot apply them in cooperative interaction with others.

Basic Theory Of Social Effectiveness

Socialization is aimed at inculcating the basic competencies necessary to build and maintain cooperative relationships with other persons. The quality of a person's life is based upon the success of the socializing agencies in doing so. The basic nature of the human species and social system requires effective cooperation interaction among persons. Yet the breakdown in the family is resulting in many persons failing to learn cooperative attitudes and skills. Such persons are prone to engage in dysfunctional behavior such as abusive patterns of drug use. If drug abuse is to be prevented and treated successfully members of our society have to be taught social effectiveness.

Social effectiveness may be defined as the attitudes, cognitive capacities, and behavioral skills a person needs to engage in coordinated, interdependent efforts with other persons to accomplish mutually desired goals. Social effectiveness is necessary for the development and maintenance of a psychologically healthy person who lives a productive and fulfilling life (Johnson & Matross, 1975). Psychological health is the ability to be aware of and manage effectively one's cooperative interactions with other persons. This includes establishing and maintaining satisfying family, career, and leisure relationships.

There are literally hundreds of studies comparing the consequences of cooperating and competing with other persons and acting independently from other persons (Johnson & R. T. Johnson, 1974a, 1974b, 1975). The overall results indicate the cooperation (in comparison with competition and independent effort) promotes positive interpersonal relationships characterized by mutual liking, positive attitudes toward each other, mutual concern, friendliness, attentiveness, feelings of obligation to each other, and a desire to earn the respect of others. In addition, cooperation promotes lower levels of personal anxiety; greater feelings of personal security; more mutual support, assistance, helping, and sharing; open, effective, and accurate communication; high levels of trust among persons; mutual influence; prosocial behavior; constructive management of interpersonal conflicts; positive self-attitudes; greater task orientation, coordination of efforts, involvement in tasks, satisfaction from efforts, and achievement; and empathy and ability to take the emotional perspective of others. The empirically demonstrated effects of cooperativeness on building and

maintaining positive and productive relationships with other persons and on creating positive self-attitudes and emotional states makes it a central aspect of psychological health and personal wellbeing.

Thus there is substantial empirical evidence that the psychological wellbeing of a person is based upon his ability to build and maintain cooperative relationships with other persons. Given the amount of drug abuse based upon the anxiety and other negative affective states produced by failures to build and maintain meaningful cooperative relationships, a clear way to prevent future drug abuse is seen. Through promoting the socialization of persons into the skills, attitudes, and cognitive capacities necessary for cooperating with others the social effectiveness of persons is increased, thus reducing the necessity to manage difficult situations chemically. Yet despite the evidence on the consequences of cooperativeness, there is a lack of theory and research on the competencies necessary for a person to engage in cooperative efforts with others. In this paper the author will discuss five such competencies: an integrated and coherent self-identity, a sense of meaningful purpose and direction in one's life, a clear perception of the interdependency among oneself and others, a basic trust in other people, and the ability to take the perspective of others. These competencies are by no means unique to the author nor are they to be taken as a final statement of what is required for cooperative interaction with others. Further research and theorizing is needed to provide a definitive statement. Finally, it should be noted that the following is not a developmental stage model specifying independent stages of development; the competencies are developed concurrently and are interrelated.

Integrated and Coherent Self-Identity

In order to cooperate effectively with others a person must develop an integrated and coherent self-identity. A lack of such an identity results in dissociation from other persons, cooperative interdependence, and growth producing experiences (Breger, 1974). In order to engage in cooperative interaction, in order to assume the social roles and mores required by society while at the same time keeping his personal sense of integrity, a person needs to formulate a distinct image of himself as a certain kind of person who has an identity differentiated and discernable from others, and who is autonomous and independent from others (Breger, 1974; Erikson, 1950; Hamacheck, 1971; Johnson & Matross, 1975; Maslow, 1954; Millon, 1969; Perls, 1973; Rogers, 1951). In every healthy person there must be a coherent sense of self, a consistent set of attitudes which define "who I am." This self-identity serves as an anchor in a changing and diverse environment. These self-attitudes contain both a view of the ways in which you are similar to other human beings (a sense of your own humanness) and of the ways in which you are unique. When you answer the two questions, "What am I as a human being?" and "What kind of a person am I?" you are defining your identity.

A person's identity includes (1) self-awareness, awareness of others, and the ability to maintain the proper boundaries between himself and other person's; (2) the identifications the person makes during his development; and (3) the social roles assumed in the social systems to which he belongs.

The first process in developing an identity is to become aware of what is you and what is not you and where the boundary lies inbetween. Self-awareness, self-attitudes, self-concept, self-perception, and the awareness of how other people see you all influence the development of one's identity. Perls (1973) and others discuss the neurotic tendency to confuse the boundary between oneself and others and a series of defenses arise in a person who feels his identity may be crowded out by an overwhelming world. A healthy person is able to accurately differentiate and discriminate himself from other people. The second process in developing an identity is through identifying with significant other people. Identification is a general process whereby the person takes on the attributes (such as attitudes, values, and behavioral patterns) of another person. Through internalizing his relationships a person adds to his identity. This involves (1) imitation, (2) emotional attachment, (3) conformity to the expectations of significant others, (4) perceived similarity, (5) idealization of the significant other, and (6) self-esteem due to the approval of the significant other (Johnson & Matross, 1975). In general, a person internalizes the attitudes, values, and behavioral patterns of a significant other who has control over resources the person needs or who has superior competence the person wishes to obtain. The third process in developing an identity is through assuming social roles in the social systems of which he is a member. By becoming a "child," "student," "husband," "father," "citizen," "engineer," "custodian," and so forth a person builds an identity which places him in a network of cooperative relationships with other people. A person acquires, maintains, and enriches much of his identity by knowing where he fits in a series of networks of cooperative relationships. It is the roles he fulfills in

social systems which provides his "place" among other people. Finally, the differentiation of oneself from others, identifications, and social roles are given a basic unity, oneness, and wholeness. During infancy, childhood, and adolescence the person may have several identities, but during early adulthood he establishes an identity based upon an integration of the identity fragments of his childhood, his present sense of self, and his expectations for the future. One's identity must be evaluated positively.

The development and maintenance of a coherent, integrated, and growth-producing self-identity depends upon being socialized within highly cooperative relationships with other people. From being part of healthy and cooperative relationship in families, peer groups, schools, career organizations, and communities a person becomes aware of how he is similar to and different from other persons. It is within cooperative relationships that the person discovers how other people perceive him, how he compares with other people, and who he wishes to identify with. A person in isolation, a person who is separated from other people, will not be able to develop a stable and coherent sense of personal identity. Although continuing cooperative relationships stabilize and maintain a person's identity, it eventually becomes inner directed. A person's identity does, furthermore, keep changing throughout his life.

From the existing research on self-identity it may be hypothesized that persons without an integrated and coherent self-identity will be likely to engage in drug abuse. Such persons will chronically feel anxiety, insecurity, depression, cynicism, defensiveness, unhappiness, self-contempt, dissociation, and self-rejection. They will habitually believe that they are

inadequate, unliked, unwanted, unacceptable, and unable, that others are unacceptable, that the world is unfriendly, and that their emotions are often unacceptable. Such feelings and beliefs lead to such behaviors as the inability to form and maintain good relationships, the rejection of other people, transient values and interests, lack of self-control, rejection of own emotions, search for a set of beliefs to cling to, psychological instability with a lack of personal adjustment, and defensiveness toward change and diversity.

	Integrated Self-Identity	Dissociated Self-Identity
Chronic Affective States	relaxed, secure, happy, optimistic, valuable, acceptable, competent, nondefensive	anxious, insecure, depressed, cynical, defensive, self-contempt, dissociation
Attitudinal Patterns	world is congenial, own emotions are acceptable, others are acceptable, self is liked, wanted, acceptable to others, capable, worthy, appreciated	self is inadequate, unliked, unwanted, unacceptable, unable; others are unacceptable; world is unfriendly; own emotions are often unacceptable
Behavioral Patterns	adaption to change and diversity, self-control, permanent and stable values & interests, psychological health, personal adjustment, nondefensive towards others and about self, high quality relationships, acceptance of others	inability to form or maintain good relationships, rejection of other people, transient values and interests, lack of self-control, rejection of own emotions, search for a set of beliefs to cling to, psychological instability, poor personal adjustment, threatened by change and diversity
Outcomes	low probability of drug abuse	high probability of drug abuse

Directionality

In order to participate in stable systems of cooperation a person needs a meaningful purpose and direction in his life which is valued by others and which correlates positively with the goals of significant others. A set of general goals and purposes gives the person a sense of "where I am going" and is a requirement for a productive and fulfilling life (Argyris, 1964; Brumer, 1966; Buhler, 1971; DeCharms, 1968; Erikson, 1950; Frankl, 1955; Freud, 1963; Lewin, 1935; Maslow, 1954; Millon, 1969; Rogers, 1965; Rotter, 1954, 1966; Sullivan, 1953; White, 1959). Since all cooperation is goal directed, without a sense of direction and purpose the cooperation among persons breaks down. A person needs a direction and purpose in life which is valued by others and which can safely withstand the buffeting of changing events.

Directionality includes such processes as directing one's attention towards desired goals (intentionality), awareness of one's choices, future orientation reflected in goal-directedness and motivation, the attitude that one is in control of one's fate and can take the initiative in applying one's resources toward the achievement of desired goals (personal causation), satisfaction from achieving meaningful goals (psychological success), motivation to take the initiative to interact effectively with the environment (competence motivation), and the development and utilization of one's potentialities (self-actualization). Directionality develops through the same processes of socialization as does identity, especially through identification with significant others and through assuming roles within social systems. In addition, all experiences involving cooperative effort towards mutually desired goals adds to a person's directionality.

It may be hypothesized that persons who lack directionality will be likely to engage in drug abuse. Such persons will be characterized by chronic affective states of purposelessness, alienation, despair, lostness, powerlessness, depression, helplessness, psychological failure, meaninglessness, apathy, detachment, withdrawal, amorphous and vague feelings of discontent, and hostility against authority. They will be characterized by attitudes that their life is meaningless, chaotic, incoherent, goalless, directionless, that they do not know "where they are going," that outside forces are in control of their lives and it is of no use to attempt to achieve desired goals, that something external should give them a sense of meaning, and that no amount of effort or self-responsibility can affect their achieving desired goals. Such feelings and attitudes will result in behavioral patterns such as floundering from one tentative activity to another, the search for experiences such as drug-induced states to give meaning to life, unawareness of choices being made, low levels of aspiration, refusal to assume responsibility for choices made, nonself-actualization, and lack of initiative and motivated effort.

	Directionality	Lack Of Directionality
Chronic Affective States	dedication, meaning, success, enthusiasm, involvement, contentment, commitment, adequacy, competence, psychological success	purposelessness, alienation, lostness, depression, despair, failure, meaninglessness, apathy, detachment, withdrawal, discontent, hostility, incompetence, inadequacy, psychological failure
Attitudinal Patterns	life is meaningful, organized, coherent, goal directed, worth while, challenging, integrated, goals and purposes are valued by others, effort affects goal achievement	life is meaningless, chaotic, incoherent, goalless, directionless; look for externals for meaning; effort does not promote goal achievement
Behavioral Patterns	systematic short and long term goal achievement, integration of experiences into self, withstanding buffeting events, awareness of choices, assumes responsibility for choices, exploration of potentialities, utilization of potentialities, initiative, high aspirations, effort to achieve goals	floundering from one tentative activity to another, search for experiences to give meaning to life, unaware of choices, refusal to assume responsibility for choices, no exploration or utilization of potentialities, no initiative, low aspirations, little effort to achieve goals
Outcomes	low probability of drug abuse	high probability of drug abuse

Interdependence With Others

In order to cooperate with others a person needs ability to perceive his interdependence with others. In order to work towards accomplishing mutual goals a person must be aware of the relationship between his goal attainment and the goal attainment of others. This involves such things as a perception that both oneself and others will receive the same outcome (common fate), an awareness that the outcomes of the situation depend upon

the behavior of both oneself and others (mutual causation), an awareness of one's own resources, an awareness of the relevant resources of others and of one's dependence upon them, and a long-term time perspective in order to plan long-range strategies for interaction and coordination of behavior. This aspect of cooperative interaction has received less attention from the personality and developmental psychologists but has been focused upon in social psychology (Deutsch, 1962; Johnson & F. P. Johnson, 1975). A wide variety of cooperative experiences is needed to promote the development of this competency.

It may be hypothesized that persons who do not accurately perceive their interdependence with others will be likely to engage in drug abuse. Such persons are characterized by chronic affective states such as alienation, loneliness, frustration, worthlessness, inferiority, failure, and isolation. They will have attitudinal patterns reflecting perceived lack of resources, incompetence, emphasis on short-term gratification, and conviction that no one cares about them or their resources. These feelings and attitudes lead to behavioral patterns characterized by impulsivity, orientation towards immediate gratification, fragmented relationships, withdrawal from other people, and insensitivity to own and other's needs.

	Perceived Interdependence	Lack Of Perceived Interdependence
Chronic Affective States	belonging, appreciated, liked, valuable, worthwhile, successful, relaxed, equality, optimism,	alienation, loneliness, frustration, worthlessness, inferiority, failure, isolation, pessimism, unappreciated
Attitudinal Patterns	confidence in personal resources, long-term time perspective, possessing qualities which others value	lack of personal resources, incompetence, short-term time orientation, lacking qualities which others value
Behavioral Patterns	reflective, seeking long-term gratification, solid relationships, friendliness, sensitivity to own and others' needs, utilization of own and others' resources	impulsiveness, seeking immediate gratification, fragmented relationships, withdrawal, insensitivity to own and others' needs, under-utilization of own and others' resources
Outcomes	low probability of drug abuse	high probability of drug abuse

Trust

Trust is a central requirement for cooperation (Deutsch, 1962; Johnson, 1973; Johnson & F. P. Johnson, 1975; Marwell & Schmitt, 1975). The reliance upon the affection and support of other people is a requirement for successful and prolonged cooperation with others. This reliance includes all aspects of generalized and interpersonal trust. This sense of trust begins in infancy when a person is totally dependent upon the cooperation of others and it is reaffirmed or disconfirmed in all stages of a person's development and within the person's major relationships (Deutsch, 1962; Erikson, 1950; Freud, 1963; Millon, 1969). Trust is developed and maintained through experiencing cooperative relationships with other persons.

It may be hypothesized that persons who distrust others will engage in drug abuse. Such persons are characterized by chronic affective states of depression, anxiety, fear, and apprehension and by attitudinal patterns characterized by views that others are critical, rejecting, humiliating, inconsistent, unpredictable, undependable, and exploitative. Such feelings and attitudes interfere with cooperation, communication, and interpersonal problem solving and lead to behavioral patterns characterized by competition, withdrawal, avoidance, cautiousness, defensiveness, unwillingness to be influenced, guardedness, and refusal to disclose or communication (Deutsch, 1962; Gibb, 1964; Friendlander, 1970; Johnson & Matross, 1975; Walton & McKersie, 1965).

	Trust	Distrust
Chronic Affective States	attraction toward others, calmness, warmth, friendliness	depression, anxiety, fear, apprehension
Attitudinal Patterns	others are trustworthy, dependable, predictable, affectionate, supportive	others are critical, rejecting, humiliating, inconsistent, unpredictable, undependable, exploitative
Behavioral Patterns	initiation, risk-taking, self disclosing, nondefensive, openness to influence, communicativeness, successful problem solving and conflict management	competitive, noncommunicative, withdrawal, avoidance, cautious, defensive, closed to influence, guardedness, unwilling to problem solve or resolve conflicts
Outcomes	low probability of drug abuse	high probability of drug abuse

Understanding Others' Perspective

In order to cooperate effectively with others a person must be able to understand how a situation appears to another person and how that person is reacting cognitively and affectively. This competency includes all aspects of perspective (or role) taking and is the opposite of egocentrism. The egocentric person sees the world only from his self-centered point of view and is unaware of other points of view and of his own limitations in perspective. Research on perspective taking indicates that there is a general relationship between social perspective taking and (1) social adjustment (Bell & Hall, 1954; Dymond, 1950; Dymond, Hughes, & Raabe, 1952; Rose, Frankel & Kerr, 1956; Rothenberg, 1970), (2) the development of the ability to communicate effectively (Flavell, 1968; Johnson, 1974; Krauss & Blucksberg, 1970), (3) autonomous moral judgment and decision making based upon mutual reciprocity and justice (Kohlberg, 1969; Piaget, 1948; Selman, 1971; Stuart, 1967), (4) cooperation with others (Johnson, 1975a, 1975b), (5) open-mindedness and the acceptance of differences (Falk, 1974), (6) small group problem solving (Falk, 1974), (7) constructive conflict management (Johnson, 1971), (8) cognitive and intellectual development Looft, 1972; Piaget, 1950), (9) personal identity and self-awareness (Kinch, 1963; Mead, 1934), (10) reflective thought to make sense out of one's experiences (Mead, 1934), and ability to predict the effects of one's behavior (Flavell, 1963; Mead, 1934). Cooperation with a variety of diverse people and specific training procedures have both been found to facilitate the development of perspective taking (Johnson, 1971, 1975a, 1975b). Egocentric persons are likely to engage in drug abuse.

	Perspective Taking	Egocentrism
Behavioral Patterns	self-awareness & identity	unawareness of self & identiy
	good social adjustment	poor social adjustment
	communication effectiveness	ineffective communication
	good judgmental process	poor judgmental process
	cooperative abilities	inability to cooperate
	empathy	lack of empathy
	open-mindedness	closed-mindedness
	appreciation of differences among people	rejection of differences among people
	problem solving effectiveness	ineffective problem solving
	constructive conflict management	destructive conflict management
	cognitive and intellectual development	lack of cognitive and intellectual development
	reflective thought	failure to think reflectively
	accurate prediction of effects of behavior	inaccurate prediction of effects of behavior
Outcomes	low probability of drug abuse	high probability of drug abuse

Summary

There is no aspect of human experience or human socialization more important than cooperation with others. The person's ability to engage in substained cooperative endeavors depends upon a series of competencies which are summarized in Figure 1. Successful cooperation depends upon the person having an integrated and coherent identity, directionality, a clear perception of interdependence, trust, and ability to take the perspective of others. Persons who are not socialized into these competencies are likely to engage in abusive drug use patterns and unable to solve interpersonal problems. Drug abuse prevention and treatment programs need a model such as the one presented to coordinate the development, implementation, and evaluation of programs aimed at increasing the quality of interpersonal relationships in a participant's life.

Figure 1: Cooperative Competencies

Integrated and Coherent Identity

- Self-awareness, awareness of others, maintenance of proper boundaries
- Identifications during development
- Social roles assigned and chosen in one's social systems

Directionality: Meaningful Purpose and Direction in One's Life

- Intentionality
- Awareness of choices
- Future orientation and goal directedness
- Personal causation
- Psychological success
- Competence motivation
- Self-actualization

Interdependence with Others

- Perception of common fate
- Perception of mutual causality
- Long-term time perspective
- Awareness of own resources relevant to goal achievement
- Awareness of others' resources relevant to goal achievement
- Awareness of dependency upon others' resources

Trust in the Affection, Support, and Cooperation of Others

Perspective-Taking

Prevention Programs Based Upon The Model

The author has developed four prevention programs which focus on the development of the competencies necessary for initiating and substaining cooperative relationships with other persons. The first, which is summarized in a book entitled Learning Together And Alone: Cooperation, Competition, And Individualization (Johnson & R. T. Johnson, 1975), is a training program for teachers on how to use cooperation in the classroom. Through structuring most of a student's learning experiences in cooperative groups a teacher can ensure the development of the basic cooperative competencies discussed in this paper. The second, which is summarized in a book entitled Reaching Out: Interpersonal Effectiveness And Self-Actualization (Johnson, 1972), is a training program for teenagers and adults on the interpersonal skills needed to build and maintain meaningful interpersonal relationships. The third, which is summarized in a book entitled Joining Together: Group Theory And Group Skills (Johnson & F. P. Johnson, 1975), is a training program for college students and adults on the cooperative skills needed to function effectively in small groups. Finally, the author is finishing a set of curriculum materials for vocational training programs involving teenagers and adults on the cooperative skills needed to work effectively with other persons in career organizations. This training program will be published next year (Johnson, 1976). Through promoting the use of such prevention programs in the public schools and other socializing agencies it is hoped that the incidence of dysfunctional behavior such as abusive drug use patterns will be reduced through enabling persons to resolve interpersonal problems more effectively.

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